



BANKRUPTCY CENTER OF LOUISIANA

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## Request for Motion to Suspend Chapter 13 Plan Payments

NAME: \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_

DATE REQUESTED: \_\_\_\_\_

Please state the reason that you are requesting your Chapter 13 plan payments suspended:

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I/we understand that if granted this plan payment suspension will last a maximum of three months after which I/we will be required to resume making my monthly plan payments to the Chapter 13 Trustee. If this suspension will cause this case to go over the maximum sixty (60) month time limit allowed for this case I/we understand that I/we will be required to increase my/our monthly payments to the Trustee to complete my/our case on time.

I/we understand that our attorney may request that additional attorney fees **up to \$300.00** be paid for filing this motion and attending court on my/our behalf as set forth in the attorney client agreement and the 2016B statement of my/our Voluntary Petition and Schedules filed with the court.

\_\_\_\_\_  
Client

\_\_\_\_\_  
Client

Date: \_\_\_\_\_